

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015925

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2106

STATE FILE NUMBER

FILED APR 22 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3315 E. 19th St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Joseph A. Bennett</b>		4. DATE OF DEATH Month Day Year <b>April 6, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/2/1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cement Finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
11. BIRTHPLACE (City and state or country) <b>Summitville, Ind.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Prather Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Carrie C. Bennett</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. INFORMANT <b>Earl Bennett-1816 Washington</b>		17. ADDRESS <b>Earl Bennett-1816 Washington</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchietis</b> DUE TO (b) <b>Emphysema</b> DUE TO (c) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yr</b> <b>5 yr</b> <b>1 wk</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1944</b> to <b>April 6, 1963</b> Death occurred at <b>11:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <b>1944</b> to <b>April 6, 1963</b> Death occurred at <b>11:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W. Thompson</b> (Degree or title)		22b. ADDRESS <b>6215 S. 1st St. KC 116</b>	
22c. DATE SIGNED <b>4-8-63</b> (State)		22d. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>4/8/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons-4707 Truman Rd.</b>		25. DATE RECD. BY LOCAL REG. <b>4-8-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Wm. W. Thompson MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Eary

Licensed Embalmer No. 4622

P. O. Address A.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.